

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-4-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 00630 rendered from 4-4-02 through 7-11-02.

### II. FINDINGS & RATIONALE

The respondent denied reimbursement for the anesthesia based upon "N – Not appropriately documented."

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-4-02 5-15-02 6-12-02 7-11-02	00630	\$800.00	\$000.00	N	RVU of 8 + 2 for time = 10 X \$35.00 for CRNA = \$350.00	Anesthesia GR (I)(B) and CPT code descriptor	4-4-02 Anesthesia report indicates it began at 12:15 and ended at 12:45 = 30 min.  5-15-02 Anesthesia report indicates it began at 14:45 and ended at 15:15 = 30 min.  6-12-02 Anesthesia report indicates it began at 13:30 and ended at 14:00 = 30 min.  7-11-02 Anesthesia report indicates it began at 13:30 and ended at 14:00 = 30 min.  4 dates X \$350.00 = \$1400.00.
TOTAL							The requestor is entitled to reimbursement of <b>\$1400.00.</b>

### III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 00630 in the amount of \$1400.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1400.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision are hereby issued this 06th day of February 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division